

**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
FOOD & STANDARDS DIVISION**

Telephone: (860) 713-6160
Web Site: www.ct.gov/dcp/



For Official Use Only

**APPLICATION FOR REGISTRATION OF
WEIGHING & MEASURING DEVICES**

INSTRUCTIONS:

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order for the appropriate fee as listed below**, made payable to: **“Treasurer, State of CT”**. Application fees are non-refundable.

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Business Trade Name			
Business Street Address (Location of Business)		City	State
Business Telephone Number (with area code)		FEIN Number	Email Address
Corporate Name (If Applicable)			
Mailing Address (If different from above)		City	State
Applicant's Name		Applicant's Title	

DEVICE TYPE	CLAS S	FEE PER UNIT	NO. UNITS	TOTAL AMOUNT	DEVICE TYPE	CLAS S	FEE PER UNIT	NO. UNITS	TOTAL AMOUNT
Commercial Scale 0 to 1,000 lbs.	C1	\$ 15.00			Retail Petroleum Dispenser Nozzle	C4	\$ 25.00		
Commercial Scale 1,001 to 10,000 lbs.	C2	\$ 50.00			Bulk Petroleum Meter	C3	\$125.00		
Commercial Scale over 10,000 lbs.	C3	\$125.00			Truck Petroleum Meter	C2	\$ 50.00		
Vehicle Scale	C3	\$125.00			Calibrated Tank Compartment	C1	\$ 15.00		
Hopper Scale	C2	\$ 50.00			LPG Meter	C2	\$ 50.00		
LPG Scale	C1	\$ 15.00			Taxi Meter	C1	\$ 15.00		
Railroad Track Scale	C3	\$125.00			Kerosene Meter	C4	\$ 25.00		

↑ TOTAL AMOUNT DUE	\$
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I certify that I am authorized to exercise principal authority in the State of Connecticut on behalf of the above applicant for registration of these weighing & measuring devices. I also subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant _____ Date _____

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INSPECTION DATE:	INSPECTED BY:	APPROVED BY:	APPROVAL DATE:
FEE DUE:	LATE FEE:	FEE COLLECTED:	CHECK OR MONEY ORDER #:
NEW LICENSE <input type="checkbox"/>	RENEWAL APPLICATION <input type="checkbox"/>	CURRENT REGISTRATION #	EXPIRATION DATE: 7 / 3 1 / _ _ _